

DOCUMENT RESUME

ED 261 321

CG 018 519

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TITLE School Phobia: Etiology, Evaluation and Treatment.
PUB DATE Apr 85
NOTE 21p.; Paper presented at the Annual Meeting of the National Association of School Psychologists (17th, Las Vegas, NV, April 8-12, 1985).
PUB TYPE Information Analyses (070) -- Speeches/Conference Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adolescents; Children; Elementary Secondary Education; *Intervention; *Learning Theories; *Psychotherapy; *School Phobia; Separation Anxiety
IDENTIFIERS *Psychodynamics

ABSTRACT

School phobia is an irrational fear or anxiety about attending school. Definite distinctions can be made between the school phobic and the truant, both of whom miss school on a regular basis. It appears that the incidence of school phobia is evenly distributed between the sexes and among age levels from 5 through 15 years, and is not significantly related to birth order, intelligence, or socioeconomic factors. Somatic complaints are common in the school phobic. Several theorists have attempted to classify types of school phobia, and different explanations for school phobia and suggestions for treatment have been offered by theorists in the schools of psychotherapy, psychodynamics, and learning theory. The hypothesis of separation anxiety has been frequently proposed. A multifaceted approach to evaluating school phobia should include assessments of the child, family, and school environments. Five general procedures apply to all the diagnostic categories and treatments: (1) the child should return to school as soon as possible; (2) the child must be helped to obtain relief at school as soon as possible; (3) significant attachment figures and other pertinent people should be involved in the intervention; (4) persistence and consistency should be encouraged in the interventions; and (5) if school refusal is secondary to broader coping problems, further evaluation/consultation should be considered. (NRB)

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ED261321

School Phobia: Etiology, Evaluation & Treatment

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CG018519

Paper presented at the National Association of School Psychologists Conference,
Las Vegas, Nevada, April 1985.

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Abstract

School phobia can be a more frequent occurrence in the school history of a child than many psychologists realize. There are definite distinctions which can be made between the school phobic and a truant, both of which miss school on a regular basis. Several systems are discussed which have been developed to more closely identify school phobics. Characteristics of the school phobic are presented along with theoretical orientations of the psychoanalytic, psychodynamic and learning theory school of thought. An evaluation system based on considering home, school and child related variables is discussed. Finally, treatment approaches are discussed in relation to the previously mentioned schools of thought. Future research needs are discussed in light of information about the school phobic which is already known.

School Phobia: Etiology, Evaluation & Treatment

Fear is a normal, adaptive response (Johnson, 1979). Almost all children experience one or more specific fears over the course of their development. Three classes or categories of children's fears are described in a factor analytic study by Miller, Barrett, Hampe, and Noble (1972):

1. fears of physical injury or personal loss (e.g., being kidnapped, having an operation, divorce of parents, parental death);
2. fears of natural or supernatural dangers (e.g., storms, ghosts, the dark);
3. fears related to "psychic stress" such as taking a test, making mistakes, attending social events, or going to a doctor or dentist.

This last group of fears seem to be focused on interpersonal relationships. Fears seen in the classroom setting (e.g., school phobia, social withdrawal, test anxiety) all fall into this category. The first of these fears, school phobia, is the focus of this paper.

DEFINITIONS & DISTINCTIONS

Although Braodwin (1932) was the first to describe the characteristic behavioral symptoms of the school phobic, it was not until some years later that Johnson et al. (1941) actually coined the term. They made the differentiation between the school phobic and more frequent variety of school truancy.

School phobia refers to an irrational fear and anxiety about going to school (Clyne, 1966; Kelly, 1973). The term implies that something or somebody within the school environment is eliciting the anxiety reaction from the child (Kelly, 1973). A number of writers have argued that "school phobia" is a misnomer and that actually the disorder results from fear of separation from the mother and not fear of school. This distinction becomes important when considering etiology and treatment procedures.

Gordon and Young (1976) differentiate school phobia and truancy by four primary factors: (1) while the school phobic child is frequently a good student, the truant is a poor student; (2) the school phobic child stays home, while the truant avoids home; (3) the school phobic child remains out of school continuously for weeks or even months at a time, whereas the truant tends to intermittently miss school; (4) the parents of the school phobic child are aware of his school absence but the truant's parents are frequently unaware of his absence.

When terms or labels such as "school phobia" are used, there is a tendency to view those in the group as homogeneous. This is no more the case for school phobia than it is for many other categories we use. Consequently, there have been attempts to differentiate various types of school phobia. Collidge, Hahn, and Peck (1957) identified two types of school phobia. They termed the first type "neurotic" which showed an acute and dramatic onset and more or less persistent clinging behavior, but the children generally continued to function well in non-school areas. The second type was "characterological" revealing a less acute onset, indications of a deep character disturbance from an earlier age and are uniformly more deeply disturbed and more severely crippled. The neurotic group is comprised mostly of young children in grades kindergarten through fourth, while the characterological group is made up mainly of early adolescents. It may be that in many instances, the characterological school phobic was previously a neurotic school phobic whose prognosis was very possibly much better at the time, but who did not receive adequate treatment to prevent a reoccurrence of the symptoms (Gordon & Young, 1976).

Applying Collidge, Hahn, and Peck's distinction, Kennedy (1965) proposed ten behavioral criteria by which the two types can be diagnosed. The following ten differential symptoms were used to identify "Neurotic" school phobia:

1. The present illness is the first episode.
2. Monday onset, following an illness the previous Thursday or Friday.
3. An acute onset.
4. Lower grades most prevalent.
5. Expressed concern about death.
6. Mother's physical health in question; actually ill or child thinks so.
7. Good communication between parents.
8. Mother and father well adjusted in most areas.
9. Father competitive with mother in household management.
10. Parents achieve understanding of dynamics easily (p. 286).

If seven of the criteria were present, the child was diagnosed as a Type 1 or neurotic school phobic. When fewer than seven of the criteria were evident, the child was identified as a Type 2 or characterological school phobic.

Marine (1968) proposed four categories for diagnostic and treatment purposes. The four types were: (1) simple separation anxiety, (2) mild acute school refusal, (3) severe chronic school refusal, and (4) childhood psychosis with school refusal symptoms. The first category, simple separation anxiety, is not uncommon and includes the very young child who initially attempts to avoid going to school (e.g., nursery school, kindergarten, or first grade). At first he may cling to his mother and tearfully beg to go home, however

after a week or so the symptoms disappear often without any significant intervention at all. The second type, mild acute school refusal, is comparable to Kennedy's Type 1 school phobia. The third category, severe chronic school refusal, is comparable to Kennedy's Type 2 school phobia. The fourth category, childhood psychosis with school refusal symptoms, is indeed rare. It includes those children whose school refusal symptoms are part of a chronic, complex and pervasive psychopathology that has other behavioral symptoms in addition to school refusal.

A final classification system was developed by Nichols and Berg (1970). They classified school phobia youngsters as acute or chronic depending on their history of school avoidance. Cases in which the disorder has been preceded by at least three years of trouble-free school are designated as acute phobics; all others become classified as chronic.

CHARACTERISTICS

In considering several current reviews and case studies on school phobia, the following characteristics are consistently presented.

Sex differences: incidence is equally distributed between the sexes (Clyne, 1966; Kelly, 1973).

Age: there seems to be considerable disagreement as to what age group is more inclined to be effected by school phobia. It may be related to the nondevelopment of an independent self-identity as suggested by Garvey and Hegreves (1966). Also, the child may or may not have had a history of regular school attendance and academic success. It appears that Talbot (1957) may have been accurate in suggesting that "there is a fairly even distribution of age levels from five through fifteen years" (p. 286).

Birth position: Adams et al. (1966) found "a high incidence of children second in birth position" (p. 545). However, other researchers have found no significant differences between children with school phobia and control group subjects (Gordon & Young, 1976).

Intelligence: While most research indicates that the school phobic tends to be of average or above average intelligence (Gordon & Young, 1976), Hampe, Miller, Barrett, & Noble (1973) specifically studied this relationship and found that intelligence was distributed among their sample of school phobics very closely to how it is distributed among the entire population with a mean of 98.9 and a range of 48 to 135.

Socio-economic status: Adams et al. (1966), Clyne (1966) and Johnson et al. (1941) found that their school phobic clients came from various socio-economic backgrounds. However, Hersov (1960a) reported a higher percentage of school phobic families in Professional and Intermediate Occupations.

Incidence/prevalence: A number of writers have suggested that the incidence of school phobia is on the rise but few report an actual percentage of school children who display its symptoms each year (Gordon & Young, 1976). Kennedy (1965) reports figures of 17 cases per 1,000 school-age children per year. One could postulate that the increase in frequency of reported cases may not be a function of actual increase in incidence but merely a reflection of a growth in awareness of school phobia and treatment procedures.

Personality: Agreement has not been reached as to whether the school phobic is basically shy and timid or assertive and willful (Gordon & Young, 1976). Research by Hersov (1960b) addresses these differences of opinion. "The majority of children (37 of 50) were timid, fearful, and inhibited away from home, 9 were alert and friendly and 4 domineering and aggressive. The

reverse picture of behavior was shown in the home in that the majority (37 of 50) were assessed as willful and demanding, whereas 13 were passive and obedient" (Hersov, 1960b, p. 139). The work by Jacobsen (1948) indicated four types of personality based on descriptions given by parents and teachers. They were: (1) willful toward parents but timid in other relationships; (2) passive and obedient in all relationships, including parental ones; (3) willful in all relationships; and (4) friendly and outgoing generally, but willful toward parents. Most of her cases (77%) were evenly divided between the first two types. Such results make it difficult to describe all school phobic children as being either "timid" or "willful" and that many of them behave passively outside the home but act willfully when around their parents. These results indicate the importance of a multidimensional evaluation process in order to obtain a clear picture of the child's behavioral repertoire. Such an approach will be discussed later in this paper.

Somatic complaints (i.e., stomachache, headache, nausea, etc.) are common in the school phobic. There may be an exhibition of panic, crying, and other fears all to varying degrees of severity. Clyne (1966) makes the important point that although it has often been claimed that school refusal begins with psychosomatic symptoms, that, in fact, the physical complaints and nausea generally emerge after parental pressure has been exerted to return the child to school. Such ailments and reactions often disappear once the child is assured that he/she does not have to go to school. It becomes perplexing when it is also observed that: (1) the child otherwise (when home) acts appropriately, (2) the parents express concern for the child, (3) the home is generally intact, and (4) relations between the child and parents are close, even to the point of suffocation (Bowlby, 1973). Prolonged unwillingness

or inability to attend school produces many side-effects for the school phobic. These include delayed learning, academic deterioration, an inability to establish meaningful peer relationships (isolation), generalized negativism toward school and learning, possible phobic reaction in adulthood and possible confrontation with school and legal authorities (McDonald & Sheperd, 1976).

THEORETICAL EXPLANATIONS

While no single theoretical explanation has been unanimously accepted, the hypothesis of separation anxiety has been proposed by several authorities with divergent orientations (McDonald & Sheperd, 1976). "In the case of school phobia, it is the psychoanalytic school that has paid the greatest attention and offers the most comprehensive explanations, although other schools, namely behavior modification, have become interested in understanding and treating the child with this problem" (Goldenberg & Goldenberg, 1970, p. 222). Kelly (1973) has developed a manageable continuum, based upon a separation anxiety rational, that includes psychoanalytical explanations, psychodynamic explanations and explanations based entirely on learning theory.

In general, psychoanalytic explanations stress the over-dependency fostered by a mother who herself is often mildly neurotic and whose own dependency needs frequently are unresolved. The dependency creates repressed hostility in both the child and mother, and in the child especially a fear of separation. The dependency fear and hostility inhibit the ego development of the child, and the fear is displaced onto the school as the child anxiously clings to the mother in unresolved dependency (Kelly, 1973).

According to Johnson et al. (1941), the separation anxiety is a predisposing factor when combined with the following two factors: (1) an acute anxiety in the child developed by an organized disease or by some emotional

conflict such as the arrival of a new sibling, promotion in school, change in residence and school, etc., and (2) a corresponding increase in anxiety in the mother due to some threat to her emotional satisfaction (unfulfilled marriage) or security. Thus, the mother usually derives less than what she considers her due share of gratification at a time when the child may have been home with an illness or in an anxious state. The mother's dependency needs are recognized and appreciated by the child, and the cyclical process is initiated. From this point of view, school phobia is related to some significant precipitating event and not merely a specific form of mother-child interaction.

Psychodynamic theorists have looked beyond parent-child relationships and separation anxiety. Levethal and Sills (1964) believe that school phobia becomes manifest because these children "commonly overvalue themselves and their achievements and then try to hold onto their unrealistic self-image" (p. 686). When school related persons or events threaten the child's self-image, he suffers anxiety and attempts to escape by remaining at home. At home, the child's refusal to attend school is inadvertently reinforced by an indulging and permissive mother (Kelly, 1973). It is not apparent how or why the child develops his inflated self-image.

While the above theory agrees with the psychoanalytic theories in that it stresses the deficiencies of the parent-child relationship, it differs most basically from the psychoanalytic positions in its focus on the child's anxiety, on his fear of losing himself (his ego) rather than losing his parents (Kelly, 1973). This difference of focus becomes important when considering older children. For young children, whose self-security is still tied closely to the parent-child relationship, the promotion of overdependency

well may result in a fundamental fear of separation. For the older child, however, whose central task is finding security and competence in his own self-identity, the ultimate result of early over-dependence becomes an inadequate and weak ego (or "selfness"), threatened by the world (school), yet no longer sustained or satisfied by parental approval.

Typically, learning theorists "are less concerned with etiology than treatment, although in general they believe that school phobia is a learned maladaptive pattern of behavior" (Goldenberg & Goldenberg, 1970, p. 223). Kelley (1973) clearly reported the learning theory explanation of school phobia as presented by Garvey and Hegreves (1966):

The child fears loss of his mother as a result of comments about leaving by the mother, who usually is disturbed. This fear becomes verbally conditioned to ideas about going to school, where he would "lose" his mother. As the fear of school becomes intense, he finally refuses to go.

Staying at home has reinforcing properties in that it reduces fear and usually offers other rewards, such as toys and affection (p. 36).

The behaviorally orientated explanations of school phobia utilize the theoretical learning models of both classical conditioning (the pairing of stimulus and response) and operant conditioning (the subsequent reinforcement of responses) (Kelly, 1973).

DiBacco (1979) concedes that portions of the discussed theories appear to make some sense, but each seems too narrow to accomodate the complexity of the phenomena. He views Bowlby's work on attachment (1969) and separation (1973)

as presenting a comprehensive system to explain school refusal which includes the dynamic influence of the family in the child's development of school refusal.

Bowlby's theory of why a child anxiously refuses to attend school draws heavily upon both social anthropology and family system theory (DiBacco, 1979). Bowlby (1973) suggests that the child's extreme reluctance to leave home and attend school is a result of a complex interplay in the family context itself. His major premise is that the child develops an anxious attachment to one or both parents. The child does not fear school per se, but leaving home and what might occur to him/her or one or both parents. The anxious attachment does not necessarily develop because the child has been excessively gratified or "spoiled", but from experiencing the attachment figure being both inaccessible and unresponsive to the child when he desires support or response. Furthermore, the more discontinuous and variable the relationship, the more anxious the attachment becomes. Bowlby (1973) recognizes that a child may have certain personality propensities which may be a partial result of generic biases, or physical or psychological traumata; however, he emphasizes the major contributions of the family environment in precipitating and maintaining school refusal.

Bowlby (1973) proposes four family patterns which he postulates represent the major interactional patterns which foster school refusal.

Pattern A -- The mother, or more rarely the father, is experiencing anxiety regarding attachment figures and keeps the child home as a companion. This may be conscious or unconscious. Dynamically, the mother inverts the parent-child relationship and seeks gratification from the child that she might have missed as a child. It is important to note that frequently the marital relationship of the parents is usually dysfunctional and threats against the child or other members of the family are a common means of control.

Pattern B -- The child fears that something dreadful may happen to the mother (rarely the father) while he/she is at school. So the child remains home to prevent it. Actual life events which occur in the family are the main causes of Pattern B. Bowlby gives little credence to the analytic notion of wish-fulfillment and subsequent guilt as a motivator. The child is actually reacting to events such as the mother being ill, a close friend dying, or parental threats.

Pattern C -- The child is afraid of leaving home for fear of what might happen to himself were he to go. Here again, parental threats play a major role in precipitating the child's school refusal. For example, the child may believe that his/her parents will move and not leave a forwarding address. Such threats are made in despair and the child may only hear the words and not realize the context. The result is the child may have an intense anxiety reaction.

Pattern D -- The mother (rarely the father) fears that something terrible will happen to the child and so keeps him/her home. The parent in this case may be irrationally apprehensive because of some past illness or accident the child experienced. The parent may also be generalizing from a personal tragedy.

EVALUATION PROCESS

School phobia masks the actual source of the anxiety. Therefore, it is important to note that the child does not have a primary fear of attending school, but rather a fear of parental separation (McDonald & Sheperd, 1976). In order to assure an accurate assessment of the situation, DiBacco (1979) stresses the need for a multifaceted approach including assessments of the

child, family and school environments. These interplay in a dynamic way and to a lesser or greater extent contribute to the child's general school refusal.

The following is a guide for evaluation suggested by DiBacco (1979):

- I. Problem Description - a determination should be made of the
 - A. History and onset
 - B. Duration
 - C. Intensity
 - D. Stress levels at school and home
- II. Child Evaluation
 - A. Physical history
 - B. Psychological history
 1. life events
 - a. significant separations
 - b. significant losses
 - C. Present coping style
 1. school
 2. home
 - D. Present learning status
 - E. Significant attachments
- III. Family System
 - A. Attachment figures
 - B. Number of parents in the home
 - C. Stability
 1. relationships
 - a. parent-parent
 - b. parent-child

- D. Communication patterns
 - 1. clarity
 - 2. adequacy in current crisis
 - E. Problem solving style
 - F. Use of threat as a means of control
 - G. Life events
 - 1. parents
 - 2. family
 - H. History of adjustment problems
 - I. Existence of major alliances and barriers
 - J. Syntonocity or dystonocity of the child's behavior
- IV. School Environment
- A. Significant attachment figure(s)
 - 1. adults
 - 2. children
 - B. Fear evoking stimulus (i)
 - 1. primary
 - 2. secondary
 - C. Flexibility
 - D. Cooperation
 - E. Resiliency

TREATMENT

Treatment methods discussed by the various authors are usually the logical outgrowth of their theoretical explanations of school phobia (Kelly, 1973).

The nature and severity of the presenting problem should also be primary

consideration for treatment (McDonald & Sheperd, 1976). Psychotherapeutic intervention should always be preceded by a medical examination of the somatic manifestations (Gordon & Young, 1976).

The psychoanalytic therapist would stress the role of analysis and insight and building-up of ego strength and family equilibrium. The primary objective of the therapist is to achieve early symptom relief, with later sessions directed at resolving the underlying neurosis (Kelly, 1973).

Psychodynamically, treatment is one of tactics, in which a strategy is evolved to "out-maneuver" a worthy opponent into a "showdown" in which persistent pressure applied along a gradient, minimally sufficient at each step to accomplish its end, is exerted to keep the child in school (Kelly, 1973). The key to a successful treatment resides in an early return to school for the child. It is suggested by Kelly (1973) that power tactics are successful to get the child to stay at school not because he discovers he cannot out-maneuver his parents, but because he is forced into a situation in which he can experimentally reestablish himself positively in relationship to reality demands.

Learning theory therapists differ in theoretical perspective from the more traditional psychotherapists. In this case, behavioral events, rather than underlying dynamics, are examined in order to establish an appropriate treatment (Kelly, 1973). Basic to the treatment paradigm of learning theorists is the changing of the phobic sequence (separation from parents → anxiety reaction → escape or avoidance behavior) to some form of new response that is incompatible with anxiety (Gordon & Young, 1976).

Other treatments which have been implemented and which may cut across theoretical lines are: (1) drugs and medication: sodium pentothal (Nice, 1968), imipramine (Robiner & Klein, 1969), and tofranil (Blau, 1978); (2) consultation

with school personnel (Weinberger, Leventhal & Beckman, 1973); (3) use of natural consequences and make-up period (Doleys & Williams, 1977); and (4) use of paraprofessionals (LeUnes & Siemsglusz, 1977).

Each of the above mentioned treatments has shown some effectiveness. Several general procedures or steps which apply to all the diagnostic categories and treatments are:

1. It is important to return the child to school as quickly as possible.
2. It is also important to help the child obtain relief while at school as soon as possible.
3. Involve significant attachment figures and other pertinent people in the implementation of the intervention.
4. Encourage both persistence and consistency in the interventions.
5. If the child is having much broader coping problems of which school refusal is secondary (i.e., pervasive and chronic adjustment problems) it may be necessary to either obtain further evaluation/consultation or to provide additional support for the child and family by suggesting another placement or adjunctive therapy.

CONCLUSIONS

There is little doubt that school phobia is a traumatic experience for the child as well as a perplexing situation for the parents and school personnel. All parties must be committed to understanding more about this area. Alertness will detect early signs of school phobia so that referral or correction is prompt and effective. The school phobic is a child in need of professional assistance.

The preceding review brings several additional points to mind which need to be considered in future research on this area. First, there needs to be

a clear interpretation of what constitute adjustment. Is it return to school or is it the emotional health of the child? Often times the intervention may stop once the child returns to school. This would seem to be a crucial issue in light of Collidge et al. (1975) differentiation between the neurotic and characterological school phobic. The point was previously made that the characterological school phobic may have been a neurotic school phobic who did not receive adequate treatment to prevent a reoccurrence of the symptoms. Second, additional efforts need to be made to gather data about the school phobic's overall family dynamics and school situation rather than over emphasizing the child's separation anxiety with one family member. Bowlby's (1969, 1973) theory is an example of a more comprehensive approach. Likewise, DiBacco's (1979) evaluation schema should assist in the evaluation process. Third, future research should include control groups as well as investigating events from the external world that relate to school phobia (Gordon & Young, 1976). Determining what population we should compare school phobics with is a difficult decision. Should it be truants, other children who suffer from separation anxiety, or the normal population. Perhaps different control groups must be used for different hypotheses (Gordon & young, 1976). A final point would be to remember that we are not talking about a homogeneous group when we refer to school phobia. The etiology may be different for each child which necessitates individualized treatment programs.

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